

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-021237

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 195 Registrar's No. 195

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bismarck</b>		c. CITY OR TOWN <b>Graniteville</b>	
Length of stay in 1b <b>3 months</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Colonial Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>general delivery</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>LEELY</b> Middle <b>ANDREW</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>May</b> Day <b>18</b> , Year <b>1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/28/1889</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (City and state or country) <b>Gibson county, Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Lener Hastings Smith</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. INFORMANT Address <b>Pearl Racer, Graniteville, Mo.</b>	

17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b> DUE TO (b) <b>Decompensated Acute Cor Pulmonale</b> DUE TO (c) <b>Lobar pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b> <b>Days</b> <b>Days</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4.05</b> a.m. p.m. Month, Day, Year <b>May 17, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Bismarck, Missouri</b>
21. I attended the deceased from <b>May 17, 1963</b> to <b>May 18, 1963</b> and last saw him alive on <b>May 18, 1963</b> Death occurred at <b>4.05 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>Bismarck, Missouri</b>	

22a. SIGNATURE <b>M.M. Beck D.O.</b>	22b. ADDRESS <b>Bismarck, Missouri</b>	22c. DATE SIGNED <b>5/21/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5/21/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arcadia Valley Mem.Pk.</b>
23d. LOCATION (City, town, or county) <b>Ironton, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>May 21, 1963</b>

24. FUNERAL DIRECTOR <b>White Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>May 21, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rueloff</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Amelz White*

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.